

2017**Summary of Benefits Table (St Helena Parish)**

Medicare Advantage Plans	Blue Advantage (HMO)	Humana Gold Plus * (HMO without Drug Coverage)	Humana Gold Plus (HMO)
Contract ID/Plan ID	H6453-001	H1951-030 *	H1951-048
Organization/Company Name	HMO Louisiana	Humana Insurance Co	Humana Health Benefit Plan of Louisiana Inc
Type of Medicare Plan	Local HMO	Local HMO *	Local HMO
Monthly Consolidated Premium (includes part C & D)	\$0	\$0	\$36
Health Plan Deductible	\$0	\$0	\$0
Primary Care Provider Co-pay	\$5	\$5	\$10
Specialist Co-pay	\$40	\$5 - \$50	\$10 - 50
ER	\$75 per visit (always covered)	\$75 per visit (always covered)	\$75 per visit (always covered)
Ambulance	\$245	\$265 or 20%	\$265 or 20%
Skilled Nursing	\$0 per day (days 1-20) \$160 per day (days 21-100)	\$0 per day (days 1-20) \$164.50 per day (days 21-100)	\$0 per day (days 1-20) \$164.50 per day (days 21-100)
Inpatient Hospital	\$125 per day (days 1-10) \$0 per day (days 11-90) \$125 per day (days 91-100) \$0 per day (days 101 & beyond)	\$110 per day (days 1-10) \$0 per day (days 11-90) \$0 per day (days 91 & beyond)	\$150 per day (days 1-10) \$0 per day (days 11-90) \$0 per day (days 91 & beyond)
Annual Drug Deductible	\$0 (No deductible)	* NO drug coverage	\$400 (only on certain Tiers)
Additional Coverage in Gap	Yes	* NO drug coverage	Yes
Chemo Drugs	20% (Part B)	20% (Part B)	20% (Part B)
Out-of-Pocket Maximum	\$6,700	\$6,700	\$6,700

2017 Summary of Benefits Table (St Helena Parish)			
Medicare Advantage Plans	Humana Total Care Advantage (HMO)	HumanaChoice (PPO)	HumanaChoice * (PPO without Drug Coverage)
Contract ID/Plan ID	H1951-039	R5826-011	R5826-068 *
Organization/Company Name	Humana Health Benefit Plan of Louisiana Inc	Humana Insurance Co	Humana Insurance Co
Type of Medicare Plan	Local HMO	Regional PPO	Regional PPO *
Monthly Consolidated Premium (includes part C & D)	\$0	\$77	\$0
Health Plan Deductible	\$0	\$1,000 annual deductible	\$1,000 annual deductible
Primary Care Provider Co-pay	\$0	\$15	\$10 / \$35
Specialist Co-pay	\$0 - \$45	\$15 - 50	\$10 - \$35 / \$50
ER	\$75 per visit (always covered)	\$75 per visit (always covered)	\$75 per visit (always covered)
Ambulance	\$265 or 20%	\$265 or 20%	\$265 or 20%
Skilled Nursing	\$0 per day (days 1-20) \$164.50 per day (days 21-100)	\$0 per day (days 1-20) \$164.50 per day (days 21-100)	\$0 per day (days 1-20) \$164.50 per day (days 21-100)
Inpatient Hospital	\$145 per day (days 1-10) \$0 per day (days 11-90) \$0 per day (days 91 & beyond)	\$275 per day (days 1-7) \$0 per day (days 8-90) \$0 per day (days 91 & beyond)	\$195 per day (days 1-6) \$0 per day (days 7-90) \$0 per day (days 91 & beyond)
Annual Drug Deductible	\$350 (only on certain Tiers)	\$400 (only on certain Tiers)	* NO drug coverage
Additional Coverage in Gap	Yes	Yes	* NO drug coverage
Chemo Drugs	20% (Part B)	20% (Part B)	20% / 30% (Part B)
Out-of-Pocket Maximum	\$6,700	\$6,700 / \$10,000	\$6,700 / \$10,000

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Medicare Advantage Plans	HumanaChoice (PPO)	Peoples Health Choices 65 #14 (HMO)	AAA4 Vantage Traditional Plus (HMO)
Contract ID/Plan ID	R5826-078	H1961-014	H5576-008
Organization/Company Name	Humana Ins Co	Peoples Health	Vantage Health Plan Inc
Type of Medicare Plan	Regional PPO	Local HMO	HMO
Monthly Consolidated Premium (includes part C & D)	\$47	\$25	\$32.80
Health Plan Deductible	\$1,000 annual deductible	\$0	\$166 annual deductible
Primary Care Provider Co-pay	\$15 / 30%	\$5	\$10
Specialist Co-pay	\$25 - \$50 / 30%	\$40	20% after \$166 deductible
ER	\$75 per visit (always covered)	\$75 per visit (always covered)	20% per visit (always covered)
Ambulance	\$265 or 20%	\$220	20% after \$166 deductible
Skilled Nursing	\$0 per day (days 1-20) \$164.50 per day (days 21-100)	\$0 per day (days 1-20) \$155 per day (days 21-100)	\$0 per day (days 1-20) \$164.50 per day (days 21-100)
Inpatient Hospital	\$275 per day (days 1-7) \$0 per day (days 8-90) \$0 per day (days 91 & beyond)	\$150 per day (days 1-10) \$0 per day (days 11-90)	\$1,288 deductible (days 1-60) \$322 per day (days 61-90) \$644 per day (days 91-150)
Annual Drug Deductible	\$400 (only on certain Tiers)	\$0 (No deductible)	\$400
Additional Coverage in Gap	No Gap coverage	Yes	No Gap coverage
Chemo Drugs	20% / 30%	20% (Part B)	20% (Part B)
Out-of-Pocket Maximum	\$6,700 / \$10,000	\$6,700	\$6,700

2017 Summary of Benefits Table (St Helena Parish)		
Medicare Advantage Plans	AAA9 Vantage Capitol (HMO-POS)	WellCare Value (HMO)
Contract ID/Plan ID	H5576-021	H2491-007
Organization/Company Name	Vantage Health Plan Inc	WellCare Health Plans
Type of Medicare Plan	HMO-POS	HMO
Monthly Consolidated Premium (includes part C & D)	\$0	\$0
Health Plan Deductible	\$350 Out-of-Network deductible	\$0
Primary Care Provider Co-pay	\$25 or 0-20% POS 50%	\$5
Specialist Co-pay	\$50 or 0-20% POS 50%	\$35
ER	\$75 per visit (always covered)	\$75 per visit (always covered)
Ambulance	\$250	\$250
Skilled Nursing	\$0 per day (days 1-20) \$164 per day (days 21-100)	\$0 per day (days 1-20) \$164.50 per day (days 21-100)
Inpatient Hospital	\$335 per day (days 1-5) \$0 per day (days 6-90) Point-of-Service 50% per stay	\$250 per day (days 1-7) \$0 per day (days 8-90)
Annual Drug Deductible	\$350 (only on certain Tiers)	\$0
Additional Coverage in Gap	No Gap coverage	No Gap coverage
Chemo Drugs	20% (Part B)	20% (Part B)
Out-of-Pocket Maximum	\$6,700	\$6,700